KOLAR Document ID: 1417206

**Notice:** Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

## Kansas Corporation Commission Oil & Gas Conservation Division

## WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

| OPERATOR: License #:                                              |                              |         |           | API No. 15                                                                                                                                                                                          |                         |                                             |  |
|-------------------------------------------------------------------|------------------------------|---------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------|--|
| Name:                                                             |                              |         |           | Spot Description:                                                                                                                                                                                   |                         |                                             |  |
| Address 1:                                                        |                              |         |           | SecTwp S. R EastWest Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County: Lease Name: Well #: |                         |                                             |  |
| Address 2:                                                        |                              |         |           |                                                                                                                                                                                                     |                         |                                             |  |
| City:                                                             |                              |         |           |                                                                                                                                                                                                     |                         |                                             |  |
| Contact Person:                                                   |                              |         |           |                                                                                                                                                                                                     |                         |                                             |  |
| Phone: ( )                                                        |                              |         |           |                                                                                                                                                                                                     |                         |                                             |  |
| Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic       |                              |         |           |                                                                                                                                                                                                     |                         |                                             |  |
| Water Supply Well         □ Other:         □ SWD Permit #:        |                              |         |           |                                                                                                                                                                                                     |                         |                                             |  |
| ENHR Permit #: Gas Storage Permit #:                              |                              |         |           |                                                                                                                                                                                                     |                         |                                             |  |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes No       |                              |         |           | Date Well Completed:                                                                                                                                                                                |                         |                                             |  |
| Producing Formation(s): List All (If needed attach another sheet) |                              |         |           | by: (KCC <b>District</b> Agent's Name)  Plugging Commenced:  Plugging Completed:                                                                                                                    |                         |                                             |  |
| Depth to Top: Bottom: T.D                                         |                              |         |           |                                                                                                                                                                                                     |                         |                                             |  |
| Depth to Top: Bottom: T.D                                         |                              |         |           |                                                                                                                                                                                                     |                         |                                             |  |
| Depth to Top: Bottom: T.D                                         |                              |         |           |                                                                                                                                                                                                     |                         |                                             |  |
|                                                                   |                              |         |           |                                                                                                                                                                                                     |                         |                                             |  |
| Show depth and thickness of a                                     | all water, oil and gas forma | ations. |           |                                                                                                                                                                                                     |                         |                                             |  |
| Oil, Gas or Water Records                                         |                              |         | Casing Re | Casing Record (Surface, Conductor & Production)                                                                                                                                                     |                         |                                             |  |
| Formation                                                         | Content                      | Casing  | Size      |                                                                                                                                                                                                     | Setting Depth           | Pulled Out                                  |  |
|                                                                   |                              |         |           |                                                                                                                                                                                                     |                         |                                             |  |
|                                                                   |                              |         |           |                                                                                                                                                                                                     |                         |                                             |  |
|                                                                   |                              |         |           |                                                                                                                                                                                                     |                         |                                             |  |
|                                                                   |                              |         |           |                                                                                                                                                                                                     |                         |                                             |  |
|                                                                   |                              |         |           |                                                                                                                                                                                                     |                         |                                             |  |
|                                                                   |                              |         |           |                                                                                                                                                                                                     |                         |                                             |  |
| cement or other plugs were us                                     |                              | -       |           |                                                                                                                                                                                                     |                         | ds used in introducing it into the hole. If |  |
| Plugging Contractor License #:                                    |                              |         |           | e:                                                                                                                                                                                                  |                         |                                             |  |
| Address 1:                                                        |                              |         |           | ess 2:                                                                                                                                                                                              |                         |                                             |  |
| City:                                                             |                              |         |           | State:                                                                                                                                                                                              |                         | Zip:+                                       |  |
| Phone: ( )                                                        |                              |         |           |                                                                                                                                                                                                     |                         |                                             |  |
| Name of Party Responsible fo                                      | r Plugging Fees:             |         |           |                                                                                                                                                                                                     |                         |                                             |  |
| State of                                                          | County                       |         |           | . SS                                                                                                                                                                                                |                         |                                             |  |
|                                                                   |                              |         |           |                                                                                                                                                                                                     | F 1 (0)                 |                                             |  |
| (Print Name)                                                      |                              |         |           | Ш                                                                                                                                                                                                   | Employee of Operator or | Operator on above-described well,           |  |

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.